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## Substitute for form 1449A/PTO Complete if Known **Application Number** N/A INFORMATION DISCLOSURE Filing Date Herewith STATEMENT BY APPLICANT First Named Inventor ABOLFATHI, AMIR Group Art Unit Unassigned (use as many sheets as necessary) **Examiner Name** Unassigned Sheet of AT-000220 US Attorney Docket Number

Examiner Initials *	Cite No.1	U.S. Patent Document	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages Columns Lines
		Number Kind Code <sup>2</sup> (if known)			Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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Examiner Signature	Melba Bumgarner	Date Considered	11/8	104	

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